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# Preventing Child Abuse: Results From the Application of a Positive Parenting Program

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## Abstract

The Family Competence Program is the result of the research group by Socio-Educational Training Research Group and it's an adaptation of the Strengthening Families Program (SFP). One of the contexts in which the theoretical basis of socio-educational actions can clearly be improved is intervention in the field of child protection. Application of the Family Competence Program in a context of child protection showed positive results in family relationships, parental skills and children's social competences.

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## 1. Introduction

The design, organization and implementation of socio-educational programs in Spain, in general terms, contain several problems pertaining to the limited tradition existing in supporting these on a coherent, research-based, theoretical framework. Voluntarism, the elaboration of "custom-made" programs or the personal initiative of some technicians, unfortunately, has produced programs in which the aims and, thereby, the expected results, have not been clearly defined. This fact entails the effect of not being able to consolidate certain programs, because in these cases, the difficulties and resistance to program assessment increase and invalidate the possible replication of the program in other contexts. Being aware of this reality, the researchers who initiated the Family Competence Program in Spain (PCF from now on)<sup>†</sup> decided to frame the intervention program properly. This framework is that of Social Pedagogy and research into socio-educational contexts.

The Family Competence Program (PCF) is an adaptation of the Strengthening Families Program (SFP), which is a multicomponent program of proven effectiveness in preventing drug consumption and other behavioural problems in minors (<http://prevention.samhsa.gov/>). In the different applications of the Family Competence Program we have been able to confirm, from the rigour provided by assessment and research, that the Program succeeds in improving parental competence, social skills and the children's behaviour (aged 8 to 12 years), as well as family relationships. The complete program includes three simultaneously applied programs: one aimed at the parents (14 training sessions), another aimed at their children (14 training sessions) and the third entailing joint work with the family (13

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<sup>†</sup> Adaptation of the Family Competence Program (Strengthening Families Program) developed by Dr. K. Kumpfer, of the University of Utah

training sessions).

The Family Competence Program is the result of research work conducted by the Socio-Educational Training and Research Group and by its collaborators after the application, assessment and adaptation of the SFP with families with fathers or mothers under detoxification treatment and with at-risk families. In the application which is the object of this article, we relay the results obtained in a special application context, that is families and minors (their sons and daughters) subject to child protection measures by the Authority Responsible for this issue in the Island of Mallorca, the Island Council of Mallorca through the Mallorcan Institute of Social Affairs.

One of the contexts in which the theoretical basis of socio-educational actions can clearly be improved is intervention in the field of child protection. There are few opportunities where a program based on highly stringent scientific parameters can be applied in controlled contexts for pre, concurrent and post assessment that can help determine its effectiveness and correlation with the variables that make up the structure of the program. In this context, then, we were able to count on the collaboration of the Social Welfare Department of the Council of Mallorca, the authority responsible for child protection in the island of Mallorca, through the involvement of the Service for Child Protection and Family Care.

Below we present the process of application and the results obtained on applying the PCF in families with a record of child protection in the aforementioned service during 2010-2011.

## 2. Assessment of participants: general results

There are 3 general factors with a positive results: family relationships, parental skills and children's social competences:

### 2.1. Family relationships (important changes in five factors)

- Improvement in family involvement ( $t=-2.341$  ( $p=0.03$ ); Dimension of effects = 0.75 MEDIUM-HIGH).
- Family communication improves in several aspects, the most significant of which is the rise in communication between parents and children. ( $t=-1.919$  ( $p=0.045$ ); Dimension of effects = 0.68 MEDIUM-HIGH).
- Improvement in relationships between parents and children is confirmed by the statements made by both parts. ( $t=-2.170$  ( $p=0.019$ ); Dimension of effects = 0.67 MEDIUM-HIGH).
- Family organization manages to improve in several aspects, including a greater number of family meetings; as well as relevant changes in the amount of positive relationship time between parents and children. ( $t=-3.638$  ( $p=0.002$ ); Dimension of effects = 0.82 HIGH).
- Family cohesion also became more consistent. Improvement in group awareness and relationships between each other. In families under Child Protection, prior difficulties in living together limited this change. ( $t=-1.995$  ( $p=0.047$ ); Dimension of effects = 0.455 MEDIUM-LOW).

### 2.2. Parental skills (important changes in 3 factors)

- An overall assessment of efficient skills to carry out the role of father or mother makes it possible to demonstrate changes for the better ( $t=-2.264$  ( $p=0.024$ ); Dimension of effects = 0.59 MEDIUM).

- The most relevant changes in positive parenting can be observed in the improvement in their activity as parents in several aspects. ( $t=-2.905$  ( $p=0.017$ ); Dimension of effects = 0.60 MEDIUM).
- The practice of parental supervision. This is one of the aims of the program, which is explicitly worked on with mothers and fathers. ( $t=-2.284$  ( $p=0.011$ ); Dimension of effects = 0.67 MEDIUM-HIGH).

### 2.3. *Behaviour of sons and daughters (important changes in 4 factors)*

- Decrease in aggression between sons and daughters, both manifest (fights, arguments with adults or annoying other peers) as well as covert aggression. ( $t=2.664$  ( $p=0.011$ ); Dimension of effects = 0.60 MEDIUM)
- Disruptive conduct, especially observed at school, decreases. Part of the work with the group of children focuses on self-control, improving conflict resolution, establishing clear limits and consolidating assertive relationship styles. ( $t=2.306$  ( $p=0.039$ ); Dimension of effects = 0.62 MEDIUM-HIGH).
- Depression symptoms are reduced. Other associated factors, such as self-esteem, also improve. (BASC-children). The results of the so-called “child depression” factor, interpreted along the lines of the targeted criteria, are clear, significantly decreasing the pre-test values observed. ( $t=3.735$  ( $p=0.002$ ); Dimension of effects = 0.77 MEDIUM-HIGH).
- Concentration capacity is assessed in a series of aspects, with an observed improvement in general concentration capacity. ( $t=-3.292$  ( $p=0.005$ ); Dimension of effects = 0.81 HIGH).

### 2.4. *Children's social competencies (3 changes)*

- Changes in their social skills. ( $t=-3.101$  ( $p=0.009$ ); Dimension of effects = 0.70 MEDIUM-HIGH).
- Changes in adaptive skills (for instance, acceptance of school). ( $t=-2.553$  ( $p=0.022$ ); Dimension of effects = 0.64 MEDIUM-HIGH)
- Changes in knowledge of the minors. ( $t=-3.071$  ( $p=0.006$ ); Dimension of effects = 0.75 MEDIUM-HIGH) among others, the following aspects improve:
  - The ability to make new friends.
  - The ability to solve problems.
  - The ability to criticize kindly.
  - The ability to talk to adults.
  - The ability to express what they want to say.
  - The ability to understand other people's feelings.

## 3. Conclusions

In general terms, this application has improved its results with respect to the previous application in a population from the child protection and family care service.

Nevertheless, we did observe certain obstacles to the correct application of the program:

- In one case (family 1), throughout the development of part of the sessions, parents and child did not live

together.

- Several difficulties were observed among participants, especially when the presence of psycho-pathological problems was found in some of them.
- Presence of extreme situations of social need.
- To avoid various questionnaire data validity difficulties, bias due to social desirability and knowing the most appropriate answer), the application procedure was modified. The results obtained were observed to be more reliable owing to this modification.

As can be appreciated, most of the problems detected are related to deviations regarding the criteria for program inclusion and exclusion. Despite the decrease in these hindrances with respect to the previous application and in spite of the efforts made to decrease this factor and the awareness the research team has of them, situations were produced in which these disturbing factors were, unexpectedly, introduced. This leads to possible reflections related to the information available to the services referring to the PCF, how this is handled and the exchange and supply of information between professionals. We believe all of these are factors that can be improved by dynamic internal management of the child protection and family care social services.

Either way, some problems with respect to the prior application of the program remained in this context. This is the case of the difficulties in understanding the description of certain activities in the program, as far as parents were concerned; in the case of the minors, occasionally, some erratic responses are observed.

Application of the PCF showed several kinds of moderately positive results. This moderation, put in context, must be understood in relation to the results the program obtained in prior applications in different areas of Child protection. At any rate, we know that the families who are the object of intervention by child protection services normally have a highly complex, multi-problematic profile, with difficulties and serious resistance to modifying conduct and generating new learning. In this sense, it could be said that the program obtained positive enough results in the following areas:

- Engagement of families in the program;
- Complementation of other interventions;
- Onset of positive change processes;
- Significant group and individual changes.

Application of the Family Competence Program in a context of Child Protection showed better results on this occasion, with respect to the previous application, for several motives:

- Better choice of families. The typology of families was more and better fitted to the specificities and requirements of the program. We have already mentioned that we were aware of this need and the model provided succeeded in significantly improving this aspect.
- Better adjusted group sizes. In the previous application, work was conducted with 11 families and 35 people, whereas in this application, we had 8 families and 20 people.
- There is a notable improvement in work coordination with family educators and other professionals, a factor which led to improved follow-up of families and other aspects parallel to the program. Since the families and minors have, as well as the professionals on the program, other interlocutors and different relationships and dynamics in other contexts of the social services, this aspect was improved. One of the factors which, in general terms, negatively affects the results of applications, is that of applying the PCF without other social service professionals who also work with the families becoming sufficiently involved, but rather remaining on the sidelines of the dynamics of the Program. As said above, on this occasion, we

managed to improve this variable and this had positive results in the evolution of the families throughout the program.

In conclusion, the context of child protection is shown to be a more difficult intervention than other contexts (primary care social services, drug addiction intervention programs). In this sense, the improvements are coherent with the model from which it is developed, but are more limited than in other applications carried out in the two aforementioned contexts.

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